

|  |   |                  |   |                                     |         |                                     |          |
|--|---|------------------|---|-------------------------------------|---------|-------------------------------------|----------|
| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | <b>214517886</b> |   |                                     |         |                                     |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>Total Care Services, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>PATIENCE ANN ALEXANDER PC</b><br/> <b>211 N. UNION STREET</b><br/> <b>SUITE 100</b></p> <p><b>ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>DC</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>F1895350</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> |   |                  | CLASS   | AUTHORIZED                          |         |                                     |          |
| CLASS  | AUTHORIZED  |                  |   |                                     |         |                                     |          |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5000 PHILADELPHIA WAY<br/>STE J</p> <p style="text-align: center;">CITY/ST/ZIP: LANHAM, MD 20706</p>  |   |                  |   |                                     |         |                                     |          |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>  |   |                  |   |                                     |         |                                     |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LOIS FITZGERALD<br/> TITLE: TREASURER<br/> ADDRESS: 406 SUFFOLK AVE<br/> CITY/ST/ZIP/CO: CAPITOL HEIGHTS, MD 20743 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>  |   |                  | NAME: LOIS FITZGERALD<br>TITLE: TREASURER<br>ADDRESS: 406 SUFFOLK AVE<br>CITY/ST/ZIP/CO: CAPITOL HEIGHTS, MD 20743                    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: LOIS FITZGERALD<br>TITLE: TREASURER<br>ADDRESS: 406 SUFFOLK AVE<br>CITY/ST/ZIP/CO: CAPITOL HEIGHTS, MD 20743   | <input checked="" type="checkbox"/>   | OFFICER          | <input checked="" type="checkbox"/>   | DIRECTOR                            |         |                                     |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DRUCELLA WHEELER NDOYE<br/> TITLE: PRESIDENT<br/> ADDRESS: 14909 Health Center Drive<br/> Apt. 429<br/> CITY/ST/ZIP/CO: Bowie, MD 20716 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>   |   |                  | NAME: DRUCELLA WHEELER NDOYE<br>TITLE: PRESIDENT<br>ADDRESS: 14909 Health Center Drive<br>Apt. 429<br>CITY/ST/ZIP/CO: Bowie, MD 20716 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: LISA CAMPBELL<br>TITLE: SECRETARY<br>ADDRESS: 6621 HIGHGALE DRIVE<br>CITY/ST/ZIP/CO: FT. WASHINGTON, MD 20744  | <input checked="" type="checkbox"/>   | OFFICER          | <input checked="" type="checkbox"/>   | DIRECTOR                            |         |                                     |          |
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| NAME: BRIGID AVERY<br>TITLE: DIRECTOR<br>ADDRESS: 5313 VIENNA DRIVE<br>CITY/ST/ZIP/CO: CLINTON, MD 20735   | <input type="checkbox"/>  | OFFICER          | <input checked="" type="checkbox"/>   | DIRECTOR                            |         |                                     |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PEGGY BUTLER<br/> TITLE: DIRECTOR<br/> ADDRESS: 1007 WAHLER PLACE SE<br/> CITY/ST/ZIP/CO: WASHINGTON, DC 20032 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>   |   |                  | NAME: PEGGY BUTLER<br>TITLE: DIRECTOR<br>ADDRESS: 1007 WAHLER PLACE SE<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20032                        | <input type="checkbox"/>            | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: PEGGY BUTLER<br>TITLE: DIRECTOR<br>ADDRESS: 1007 WAHLER PLACE SE<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20032   | <input type="checkbox"/>  | OFFICER          | <input checked="" type="checkbox"/>   | DIRECTOR                            |         |                                     |          |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MIRACULOUS DYER<br>DIRECTOR<br>2046 FT. DAVIS STREET SE<br>WASHINGTON, DC, DC 20020 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | CHARLES JONES<br>DIRECTOR<br>5000 PHILADELPHIA WAY<br>STE J<br>LANHAM, MD 20706     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |                                  |  |
| /s/ DRUCELLA WHEELER NDOYE<br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT   | DRUCELLA WHEELER NDOYE,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE<br>TITLE         | 4/3/2014<br>DATE                 |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |                                  |  |